

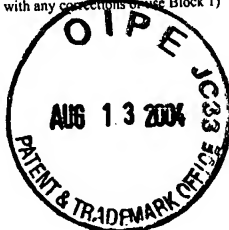
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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24628 7590 05/26/2004

WELSH & KATZ, LTD  
120 S RIVERSIDE PLAZA  
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CHICAGO, IL 60606

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Abby Boone	(Depositor's name)
<i>Abby Boone</i>	(Signature)
August 10, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/083,083	02/26/2002	Hyun S. Kim	3672-86512	8063

TITLE OF INVENTION: SUPPLEMENTAL RESTRAINT SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ILAN, RUTH	3616	280-808000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Welsh & Katz, Ltd.

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

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(Authorized Signature)

(Date)

*Daniel M. Gurfinkel*

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August 10, 2004

Daniel M. Gurfinkel  
Reg. No. 34,137

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## TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)

(37 C.F.R. 1.311)

Docket No.

3672-86512

Applicant(s): Hyun S. Kim

Application No.

10/083,083

Filing Date

02/26/2002

Examiner

Ilan, Ruth

Customer No.

26428

Group Art Unit

3616

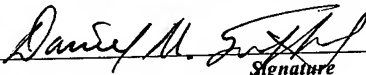
Confirmation No.

8063

Invention: SUPPLEMENTAL RESTRAINT SYSTEM

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Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85☒ Utility Fee: \$ 665.00☐ Design Fee:☐ Plant Fee:☒ Publication Fee: \$ 300.00☒ A check in the amount of \$965.00 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 23-0920 as described below.☐ Charge the amount of☒ Credit any overpayment.☒ Charge any additional fee required.

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Dated: August 10, 2004

Daniel M. Gurfinkel  
Reg. No. 34,177

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Abby Boone

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